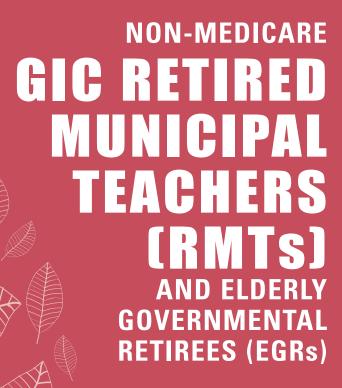
2013-2014



GIC HEALTH PLANS

BENEFITS AT-A-GLANCE

Benefits Effective July 1, 2013





Your Benefits Connection

PHYSICIAN TIERING AND PLAN DESIGN

Improving the Way We Get and Pay for Care

The GIC's new five-year contracts with our health plans require them to work with providers to establish integrated systems of care with financial incentives for achieving budget targets and adopting new payment systems. The plans are subject to penalties for not achieving these benchmarks. For members, this means:

- You are encouraged to designate a Primary Care Provider (PCP) with your health plan;
- You can now choose a nurse practitioner or physician assistant as your PCP;
- You should get more coordinated, integrated care;
- You have incentives to use quality, lower-cost providers; and
- Your premiums should stabilize or even go down over the next few years.



During annual enrollment, check your doctor's and hospital's tier, as they can change each July 1 with new data.

Clinical Performance Improvement Initiative

Be sure to consider physician and hospital tiers when choosing a provider. The GIC's Clinical Performance Improvement Initiative gives you an incentive to use doctors with higher-quality and/or cost-efficiency scores. You pay the lowest copay for the highest-performing doctors:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
 - ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 copay.

Plan Design

Fallon Community Health Plan Direct Care HMO

- PCP designation required
- Referrals to network specialists required yes
- Out-of-network benefits no, except for emergency care

Fallon Community Health Plan Select Care HMO

- PCP designation required
- Referrals to network specialists required yes
- Out-of-network benefits no, except for emergency care

Health New England HMO

- PCP designation required
- Referrals to network specialists required no
- Out-of-network benefits no, except for emergency care

NHP Care - Neighborhood Health Plan HMO

- PCP designation required
- Referrals to network specialists required yes
- Out-of-network benefits no, except for emergency care

UniCare State Indemnity Plan/Basic (Indemnity Plan)



- PCP designation strongly encouraged
- Referrals to network specialists required no
- Out-of-network benefits The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these provider charges.

Calendar Year Deductible

The deductible is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, *variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.*

Examples of in-network expenses *generally exempt* from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses *generally subject to* the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
- Durable medical equipment

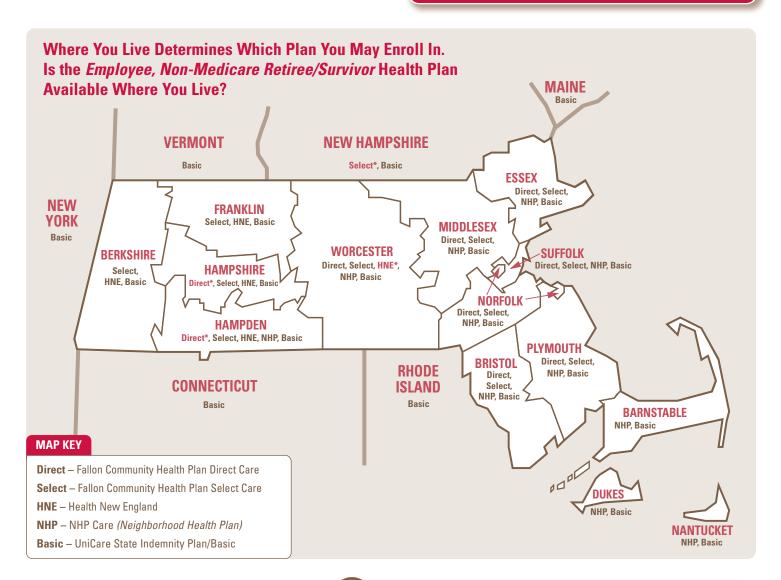
HEALTH PLAN LOCATIONS

Choose the Best Health Plan for You and Your Family

- Where you live determines which plan(s) you may enroll in.
 See the map below to see which health plans are available in your area.
- See your GIC Benefit Decision Guide for additional eligibility details, benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure:

- Whether your doctors and hospitals are in the network (Note: Be sure to specify the health plan's full name, such as "Harvard Pilgrim Primary Choice Plan" or "Harvard Pilgrim Independence Plan," not just "Harvard Pilgrim,"); and
- Which copay tiers your doctors and hospitals are in; these affect what you pay when you get hospital or physician services.
- See the GIC's website (www.mass.gov/gic) for additional information.

Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you **must** stay in the plan until the next annual enrollment. In the meantime, your health plan will help you find another provider.



The UniCare State Indemnity Plan/Basic is the only employee health plan offered by the GIC that is available throughout the United States and outside of the country.



* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

BENEFITS AT-A-GLANCE: Copays for Non-Medicare GIC RMTs (Retired Municipal Tea

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for each plan for more information. With the For providers, benefit details, exclusions, and limitations see the plan handbook or contact the individual plan.

Tier 1 Tier 2 Tier 3 **200 per admission no tiering **550 per admission **550 per adm	HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE	
WEBSITE www.fchp.org/gic www.fchp.org/gic Calendar Year Deductible \$250 \$250 Individual \$250 \$250 Two person family \$500 \$500 There or more person family \$750 \$750 Primary Care Provider Office Visit *** Ther 1 (excellent) \$15 per visit \$20 per visit ** Ther 1 (excellent) \$15 per visit \$20 per visit \$20 per visit ** There 1 (excellent) \$25 per visit \$25 per visit \$25 per visit ** There 2 (good) no tiering \$35 per visit \$25 per visit ** There 2 (good) no tiering \$35 per visit \$20 per visit ** There 2 (good) no tiering \$35 per visit \$20 per visit ** There 2 (good) no tiering \$35 per visit \$20 per visit ** There 2 (good) \$10 per visit \$20 per visit \$20 per visit ** There 2 (good) \$25 per visit \$20 per visit \$20 per visit \$20 per visit \$20 pe	PLAN TYPE	НМО	НМО	
Calendar Year Deductible	TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442	
Individual \$250	WEBSITE	www.fchp.org/gic	www.fchp.org/gic	
Two person family Three or more person family Trimary Care Provider Office Visit *** Tier 1 (excellent) ** Tier 3 (standard) Three 2 (good) *** Tier 3 (standard) *** Tier 1 (excellent) *** Tier 1 (excellent) *** Tier 1 (excellent) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 1 (excellent) *** Tier 1 (excellent) *** Tier 2 (good) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 4 (steellent) *** Tier 4 (steellent) *** Tier 5 (stondard) *** Tier 5 (stondard) *** Tier 6 (stondard) ***	Calendar Year Deductible	,		
Primary Care Provider Office Visit *** Tier 1 (excellent) ** Tier 2 (good) ** Tier 3 (standard) Preventive Services Most covered at 100% − no copay *** Tier 1 (excellent) *** Tier 1 (excellent) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 1 (excellent) *** Tier 2 (good) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 2 (good) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 4 (excellent) *** Tier 5 (standard) *** Tier 6 (excellent) *** Tier 6 (excellent) *** Tier 7 (excellent) *** Tier 8 (standard) *** Tier 8 (standard) *** Tier 9 (standard) *** Tier 1 (standard) *** Tier 1 (standard) *** Tier 1 (standard) *** Tier 1 (standard) *** Tier 2 (standard) *** Tier 2 (standard) *** Tier 3 (standard) *** Tier 3 (standard) *** Tier 4 (standard) *** Tier 6 (excellent) *** Tier 1 (excellent) *** Standard *** Standard *** Tier 1 (excellent) *** Standard *** Sta	Individual	\$250	\$250	
Primary Care Provider Office Visit S15 per visit \$20 per visit ** Tier 1 (excellent) * Tier 2 (good) no tiering no tiering * Tier 3 (standard) Most covered at 100% – no copay Most covered at 100% – no copay Preventive Services Most covered at 100% – no copay Most covered at 100% – no copay <td co<="" td=""><td>Two person family</td><td>\$500</td><td>\$500</td></td>	<td>Two person family</td> <td>\$500</td> <td>\$500</td>	Two person family	\$500	\$500
Office Visit \$15 per visit \$20 per visit *** Tier 1 (excellent) \$15 per visit \$20 per visit ** Tier 3 (standard) no tiering no tiering Preventive Services Most covered at 100% – no copay Most covered at 100% – no copay Specialist Physician Office Visit Office Visit \$25 per visit \$25 per visit *** Tier 1 (excellent) \$25 per visit \$35 per visit ** Tier 2 (good) no tiering \$35 per visit ** Tier 3 (standard) no tiering \$45 per visit ***Retail Clinic \$15 per visit \$20 per visit Outpatient Mental Health and Substance Abuse Care \$100 per visit \$100 per visit Emergency Room Care \$100 per visit \$100 per visit (waived if admitted) (waived if admitted) Inpatient Hospital Care: Medical \$200 per admission Tier 1 \$200 per admission Tier 2 no tiering \$500 per admission Uutpatient Surgery \$110 per occurrence \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Maximum one copay per day. Contact the plan for details. (e.g., MRI, CT and PET scans) \$100 per scan **Tier 1 \$10 \$10 Tier 2 \$25 \$25	Three or more person family	\$750	\$750	
** Tier 2 (good)	Office Visit			
* Tier 3 (standard) Preventive Services Most covered at 100% — no copay Most covered at 100% — no copay Specialist Physician Office Visit ** Tier 1 (excellent) ** Tier 2 (good) * Tier 3 (standard) ** Tier 4 (standard) ** Tier 5 (standard) ** Tier 6 (standard) ** Tier 7 (good) ** Tier 8 (standard) ** Tier 8 (standard) ** Tier 9 (good) ** Tier 9 (good) ** Tier 1 (standard) ** Tier 9 (good) ** Tier 1 (standard) ** Tier 9 (standard) ** Tier 1 (standard) ** Stop per visit ** Tier 1 (standard) ** Stop per visit ** Stop per visit ** Stop per admission ** Stop p	,	·	·	
Preventive Services Most covered at 100% – no copay Most covered at 100% – no copay Specialist Physician Office Visit ** Tier 1 (excellent) ** Tier 2 (good) ** Tier 3 (standard) Retail Clinic S15 per visit S15 per visit S20 per visit		_	_	
Specialist Physician Office Visit *** Tier 1 (excellent) ** Tier 2 (good) * Tier 3 (standard) Outpatient Mental Health and Substance Abuse Care Emergency Room Care Emergency Room Care S100 per visit S200 per visit S200 per visit S200 per visit S100 per visit S200 per admission S250 per admission	★ Tier 3 (standard)	no tiering	no tiering	
Office Visit \$25 per visit \$25 per visit ★★ Tier 1 (excellent) \$25 per visit \$35 per visit ★ Tier 2 (good) \$45 per visit \$45 per visit Retail Clinic \$15 per visit \$20 per visit Outpatient Mental Health and Substance Abuse Care \$100 per visit \$20 per visit Emergency Room Care \$100 per visit (waived if admitted) (waived if admitted) Inpatient Hospital Care: Medical Maximum one copay per person per cale Tier 1 \$200 per admission \$250 per admission Tier 2 no tiering \$500 per admission Tier 3 \$500 per admission \$750 per admission Outpatient Surgery Maximum four copay per day Contact the plan for details. \$110 per occurrence \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) \$100 per scan Prescription Drug \$100 per scan Retait: up to a 30-day supply \$10 Tier 1 \$25 \$25 Tier 3 \$50 \$50 Mail-order: Maintenance drugs up to a 30-day supply \$20 \$20 Tier 1 \$20 \$20 Tier 2 \$50 \$50	Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	
** Tier 2 (good) * Tier 3 (standard) Retail Clinic \$15 per visit \$15 per visit \$20 per visit \$20 per visit \$20 per visit \$20 per visit \$100 per visit \$100 per visit \$100 per visit \$100 per visit \$200 per admission Tier 1 \$200 per admission Tier 2 Tier 3 \$200 per admission \$250 per ad	Office Visit			
* Tier 3 (standard) Retail Clinic \$15 per visit \$15 per visit \$20 per visit Outpatient Mental Health and Substance Abuse Care Emergency Room Care \$100 per visit (waived if admitted) Inpatient Hospital Care: Medical Tier 1 \$200 per admission Tier 2 Tier 3 Outpatient Surgery Maximum one copay per person per cale \$100 per admission no tiering \$500 per admission \$550 per admission \$750 per admission Outpatient Surgery Maximum four copays per calendar quarter of \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 \$10 \$10 \$10 \$10 \$10 Tier 2 \$25 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$20 \$50 \$50		·	· ·	
Retail Clinic \$15 per visit \$20 per visit Outpatient Mental Health and Substance Abuse Care Emergency Room Care \$100 per visit \$100 per visit (waived if admitted) Inpatient Hospital Care: Medical Tier 1 \$200 per admission \$250 per admission Tier 2 \$500 per admission Tier 3 \$750 per admission Outpatient Surgery \$110 per occurrence \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 \$10 \$10 \$10 Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$50 Tier 2 \$20 Tier 2 \$20 Tier 2 \$20 Tier 2 \$20 Tier 3 \$20 Tier 4 \$20 Tier 5 \$20 Tier 5 \$20 Tier 6 \$30 Tier 7 \$20 Tier 9 \$50 Tier 9 \$50		· ·	·	
Outpatient Mental Health and Substance Abuse Care Emergency Room Care \$100 per visit \$100 per visit (waived if admitted) Inpatient Hospital Care: Medical Tier 1 \$200 per admission s250 per admission Tier 2 \$500 per admission Tier 3 \$750 per admission Outpatient Surgery \$110 per occurrence \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 \$10 \$10 \$10 Tier 2 \$25 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$50 Tier 2 \$20 Tier 2 \$50 Tier 2 \$50 Tier 2 \$50 Tier 3 \$50 S100 per scan \$50 Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$50 Tier 2 \$50 Tier 2 \$50 Tier 2 \$50 Tier 2 \$50 Tier 3 \$50 Tier 3 \$50 Tier 3 \$50 Tier 3 \$50 Tier 4 \$50 Tier 5 \$50 Tier		no tiering	\$45 per visit	
and Substance Abuse Care Emergency Room Care \$100 per visit (waived if admitted) Inpatient Hospital Care: Medical Tier 1 \$200 per admission Tier 2 Tier 3 Outpatient Surgery High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$110 \$10 \$	Retail Clinic	\$15 per visit	\$20 per visit	
Inpatient Hospital Care: Medical Tier 1 S200 per admission Tier 2 Tier 3 S100 per admission Outpatient Surgery S110 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3 S100 S100 S100 S100 S100 S100 S100 S10		· ·	· ·	
Tier 1 Tier 2 Tier 3 **200 per admission no tiering **550 per admission **550 per adm	Emergency Room Care		(waived if admitted)	
Tier 2 Tier 3 Outpatient Surgery **S110 per occurrence **S110 per occurrence **S125 per occurrence **High-Tech Imaging (e.g., MRI, CT and PET scans) **Prescription Drug Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3 **S10 **Mail-order: Maintenance drugs up to a 90-day supply Tier 1 Tier 2 Tier 2 Tier 3 **S20 Tier 3 **S20 Tier 3 **S20 Tier 3 **S50 **S50 **S50 **S50			Maximum one copay per person per calen	
Tier 3 Outpatient Surgery S110 per occurrence Waximum four copays per calendar quarter of \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3 Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$20 \$50	Tier 1	\$200 per admission	1	
Outpatient Surgery \$110 per occurrence \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Prescription Drug Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3 \$100 Maximum one copay per day. Contact the plan for details. \$100 per scan \$100 per scan \$10 \$10 \$10 \$10 Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$50 \$50	Tier 2	no tiering	\$500 per admission	
\$110 per occurrence \$125 per occurrence High-Tech Imaging (e.g., MRI, CT and PET scans) Maximum one copay per day. Contact the plan for details. (e.g., MRI, CT and PET scans) \$100 per scan Prescription Drug Retail: up to a 30-day supply Tier 1 \$10 Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply \$20 Tier 1 \$20 Tier 2 \$50	Tier 3		\$750 per admission	
(e.g., MRI, CT and PET scans) \$100 per scan Prescription Drug \$10 Retail: up to a 30-day supply \$10 Tier 1 \$10 Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs \$50 up to a 90-day supply \$20 Tier 1 \$20 Tier 2 \$50	Outpatient Surgery	\$110 per occurrence	Maximum four copays per calendar quarter or \$125 per occurrence	
Prescription Drug Retail: up to a 30-day supply \$10 Tier 1 \$10 Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs \$50 up to a 90-day supply \$20 Tier 1 \$20 Tier 2 \$50		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	
Retail: up to a 30-day supply Tier 1 \$10 Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply \$20 Tier 1 \$20 Tier 2 \$50	(e.g., MRI, CT and PET scans)	\$100 per scan	\$100 per scan	
Tier 1 \$10 \$10 Tier 2 \$25 \$25 Tier 3 \$50 \$50 Mail-order: Maintenance drugs up to a 90-day supply \$20 \$20 Tier 1 \$20 \$20 Tier 2 \$50 \$50	•	<u>'</u>		
Tier 2 \$25 Tier 3 \$50 Mail-order: Maintenance drugs up to a 90-day supply \$20 Tier 1 \$20 Tier 2 \$50		<u></u>		
Tier 3 \$50 \$50 Mail-order: Maintenance drugs \$50 \$50 up to a 90-day supply \$20 \$20 Tier 1 \$20 \$50 Tier 2 \$50 \$50		·		
Mail-order: Maintenance drugs up to a 90-day supply Tier 1 \$20 \$20 Tier 2 \$50 \$50				
up to a 90-day supply Tier 1 \$20 \$20 Tier 2 \$50 \$50		\$50	\$50	
Tier 1 \$20 \$20 Tier 2 \$50 \$50		<u>'</u>		
Tier 2 \$50 \$50		630	ቀ20	
N101	Tier 3	\$50 \$110	\$50 \$110	

chers not in the Municipal Program) **and EGRs** (Elderly Governmental Retirees)

e exception of emergency care, there are no out-of-network benefits for the GIC's HMOs.

HEALTH NEW ENGLAND	NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC With CIC (Comprehensive) Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
нмо	нмо	INDEMNITY
1.800.842.4464	1.866.567.9175	1.800.442.9300
www.hne.com/gic	www.nhp.org/gic	www.unicarestateplan.com
****	4070	*
\$250	\$250	\$250
\$500	\$500	\$500
\$750	\$750	\$750
\$20 per visit	\$15 per visit	\$20 per visit
no tiering	\$25 per visit	no tiering
no tiering	\$30 per visit	no tiering
Most covered at 100% — no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$25 per visit	\$25 per visit	\$25 per visit
\$35 per visit	\$35 per visit	\$35 per visit
\$45 per visit	\$45 per visit	\$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$25 per visit	\$20 per visit
φ20 per visit	φ23 μει visit	φ20 per visit
\$100 per visit	\$100 per visit	\$100 per visit
(waived if admitted)	(waived if admitted)	(waived if admitted)
lar year quarter; copays waived if readmitted พ	· ·	
\$250 per admission	\$250 per admission	\$200 per admission
no tiering	no tiering	no tiering
er year, depending on plan. Contact the plan fo	r details or see the GIC Benefit Decision Guide.	
\$110 per occurrence	\$110 per occurrence	\$110 per occurrence
	rimum one copay per day. Contact the plan for de	
\$100 per scan	\$100 per scan	\$100 per scan
\$10	\$10	\$10
\$25	\$25	\$25
\$50	\$50	\$50
\$20	\$20	\$20
\$50	\$50	\$50
\$110	\$110	\$110



MARK THE DATE!

- GIC Retired Municipal Teachers (RMTs) retiring in June 2013 have until June 15, 2013 to select their coverage, which becomes effective September 1, 2013. Return enrollment forms and required documentation to your benefits office.
- Current RMTs and EGRs wishing to change plans: Completed forms are due to the GIC no later than Wednesday, May 8, for changes effective July 1, 2013.

Additional Contact Information

All UniCare State Indemnity Plans

- Prescription Drug Benefits (CVS Caremark): 1.877.876.7214 www.caremark.com/qic
- Mental Health/Substance Abuse and EAP Benefits (Beacon Health Strategies): 1.855.750.8980 www.beaconhs.com/gic



Your Benefits Connection Group Insurance Commission P.O. Box 8747, Boston, MA 02114-8747

617.727.2310 • TDD/TTY: 617.227.8583 www.mass.gov/gic

